

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	JB		671771
<b>O.I.P.E. CLASSIFIER</b>	CG	48	2/23/04
<b>FORMALITY REVIEW</b>		W20	03/17/04
<b>RESPONSE FORMALITY REVIEW</b>			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1 ✓	8/1/04
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 J	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

6/29  
CG/23